

## MARICOPA COUNTY SUPERIOR COURT

<b>Applicant (name):</b>  APPLICANT IS: <input type="checkbox"/> Witness <input type="checkbox"/> Juror <input type="checkbox"/> Attorney <input type="checkbox"/> Party <input type="checkbox"/> Other  Applicant's Address:  Applicant's Telephone Number:		
<b>Name of Court or Court Program, Service or Activity for Which Accommodation is Requested:</b>  Street Address: Mailing Address: City and Zip:		
<b>If Accommodation is for Court Case, Specify Case Name:</b>		
<b>Case Number (if applicable):</b>		
<b>REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES (AND RESPONSE)</b>		(For Court Use Only)

**Applicant requests accommodation under Title II of the Americans with Disabilities Act, as follows:**

1. Type of proceeding or court service, activity or program: ☐ Criminal ☐ Civil  
☐ Other (*specify*)
  
2. Proceedings to be covered (*e.g., trial, bail hearing, preliminary hearing, particular witnesses at trial, sentencing hearing, or other court service, program or activity*):
  
3. Dates accommodations needed (*specify*):
  
4. Impairment necessitating accommodations (*specify*):
  
5. Type of accommodations (*be specific*):
  
6. Special requests or anticipated problems (*specify*):

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF APPLICANT)

**Please give the completed form (and any relevant documents) to Maricopa County Superior Court courtroom staff, or the Clerk's Office, or submit it by mailing it to the ADA Coordinator at the address listed on the next page:**

HUGH GALLAGHER  
ADA Coordinator for Maricopa County Superior Court  
125 W. Washington 3<sup>rd</sup> Floor  
602-506-3070  
Fax: 602-506-3134

If you need help completing the form, please ask the ADA Coordinator for assistance. Alternative means of submitting an accommodation request, such as by personal interview or a tap recording, will be made available to qualified individuals with disabilities upon request.

Upon receiving the form, the ADA Coordinator will, as soon as reasonably possible, provide a response to the request for accommodation.

For additional detailed information about the Maricopa County Superior Court's Title II ADA policies, please read Maricopa County Superior Court's "Notice of Court Access Information for Persons with Disabilities." This Notice is available at the Clerk's Office or from the ADA Coordinator.

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### RESPONSE TO REQUEST FOR ACCOMMODATION

- ☐ The request for accommodation is GRANTED because
- ☐ The Applicant satisfies the requirements of the rule.
  - ☐ It does not create an undue burden on the court.
  - ☐ It does not fundamentally alter the nature of the service, program, or activity.
  - ☐ Alternate accommodations granted (*specify*):
- ☐ The request for accommodation is DENIED because
- ☐ The Applicant does not satisfy Title II's requirements; and/or
  - ☐ It would create an undue burden on the court; and/or
  - ☐ It would fundamentally alter the nature of the service, program, or activity.

Additional Remarks:

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Date: \_\_\_\_\_

\_\_\_\_\_  
ADA Coordinator (or designee)

**Grievance Procedures:** If you are dissatisfied with the response to your request, you may utilize the Grievance Procedures described in Maricopa County Superior Court's "Notice of Court Access Information for Persons with Disabilities." Grievances must be filed within sixty (60) days of the alleged discriminatory act. You may also utilize any other remedy allowed under federal or state law by filing a complaint with the appropriate federal or state agency.